\$AO 458 (Rev. 10/95) Appearance

U	INITED STATES DISTRICT	COURT		
SOUTHERN	DISTRICT OF	NEW	NEW YORK	
		APPEARANCE		
	Case	e Number: 08-CV-6	6279	
To the Clerk of this court and	all parties of record:			
	ns counsel in this case for n Administrators and J. Kim Walker			
I certify that I am adm	nitted to practice in this court.			
9/5/2008 Date	Signature			
Dute	David S. Sheiffe	r	DSS-4198	
	Print Name			
	150 East 42nd S Address	Street c/o Wilson Else	er	
	New York	NY	10017-5639	
	City	State	Zip Code	
	(212) 490-	-3000	(212) 490-3038	

Phone Number

Fax Number

UNITE	D STATES DISTRICT	COURT	
SOUTHERN	DISTRICT OF	<u>NE</u>	EW YORK
		APPE	ARANCE
	Case	e Number: 08-0	CV-6279
To the Clerk of this court and all parti	es of record:		
Enter my appearance as counse Defendants Health Plan Adminis			
I certify that I am admitted to	practice in this court.		
9/5/2008 Date	Joseph Signature	J. Tr	aucoen/9
Date	Joseph Francoe Print Name	ur Street c/o Wilson	SF 8874 Bar Number
	New York	NY	10017-5639
	City (212) 490-	State -3000	Zip Code (212) 490-3038

Phone Number

Fax Number